



## DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **CONNECTIVE TISSUE GROWTH FACTOR FRAGMENTS AND METHODS AND USES THEREOF**, the specification of which

\_\_\_\_\_ is attached hereto.

  X   was filed on December 14, 1999 (Attorney Docket No. FIBRO1130-2)  
as U.S. Application Serial No.       09/461,646        
and was amended on \_\_\_\_\_  
if applicable (the "Application").

**I hereby authorize and request insertion of the application serial number of the Application when officially known.**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability of the subject matter of the Application as defined in Title 37, Code of Federal Regulations ("C.F.R."), § 1.56.



United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Gary R. Grotendorst

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: Miami, Florida

Citizenship: USA

Post Office Address: 8735 SW 122<sup>nd</sup> Street  
Miami, Florida 33176

Full name of second inventor: Thomas B. Neff

Inventor's signature: Thomas B. Neff

Date: 23 Dec 99

Residence: Atherton, California

Citizenship: USA

Post Office Address: 190 Glenwood Avenue  
Atherton, California 94027



United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Gary R. Grotendorst

Inventor's signature: *Gary R. Grotendorst*

Date: 5/18/02

Residence: Miami, Florida

Citizenship: USA

Post Office Address: 8735 SW 122<sup>nd</sup> Street  
Miami, Florida 33176

Full name of second inventor: Thomas B. Neff

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: Atherton, California

Citizenship: USA

Post Office Address: 190 Glenwood Avenue  
Atherton, California 94027

Attorney Docket No. FIBRO1130-2

Applicant: Grotendorst, et al.

Serial No.: 09/461,646

Filed: December 14, 1999

Title: CONNECTIVE TISSUE GROWTH FACTOR FRAGMENTS AND METHODS AND USES THEREOF



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 C.F.R. §§ 1.9(f) and 1.27(e)) - SMALL BUSINESS CONCERN

I hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN

FIBROGEN, INC.

ADDRESS OF CONCERN

225 Gateway Boulevard

South San Francisco, Ca 94080

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. §121.3-18 and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled CONNECTIVE TISSUE GROWTH FACTOR FRAGMENTS AND METHODS AND USES THEREOF by inventors, Gary R. Grotendorst and Thomas B. Neff described in:

☐ the specification filed herewith

☒ Based on Provisional Application Serial No. 60/112,241 filed December 14, 1998

☐ Patent No. \_\_\_\_\_, issued \_\_\_\_\_

I authorize and request insertion of the serial number of the application when officially known.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. §1.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37 C.F.R. §1.9(e).

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 C.F.R. §1.27).

Full Name University of Miami

Address 1400 North West Tenth Avenue, Miami, Florida 33136

☐ Individual ☐ Small Business Concern ☒ Nonprofit Organization

Full Name \_\_\_\_\_

Address \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. '1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING

George R. Martin

TITLE OF PERSON OTHER THAN OWNER

Senior V.P. Scientific Affairs

ADDRESS OF PERSON SIGNING

225 GATEWAY BLVD S. SAN FRANCISCO, CA 94080

SIGNATURE

G. R. Martin

DATE 2-28-2000

Attorney Docket No.: FIBRO1130-2

Applicant: Grotendorst, et al.

Serial No.: 09/461,646

Filed: December 14, 1999

Title: CONNECTIVE TISSUE GROWTH FACTOR FRAGMENTS AND METHODS AND USES THEREOF



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 C.F.R. §§1.9(f) and 1.27(d) - NONPROFIT ORGANIZATION)

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: University of Miami  
ADDRESS OF ORGANIZATION: 1600 N.W. Tenth Avenue  
Miami, Florida 33136

TYPE OF ORGANIZATION

- ☐ University or other Institution of Higher Education  
☐ Tax Exempt under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c) (3))  
☐ Nonprofit Scientific or Educational under Statute of State of the United States of America (Name of State \_\_\_\_\_) (Citation of Statute \_\_\_\_\_)  
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c) (3)) if located in the United States of America  
☐ Would qualify as nonprofit Scientific or Educational under Statute of State of the United States of America if located in the United States of America (Name of State \_\_\_\_\_) (Citation of Statute \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, with regard to the invention entitled **CONNECTIVE TISSUE GROWTH FACTOR FRAGMENTS AND METHODS AND USES THEREOF** by inventor, Gary R. Grotendorst and Thomas B. Neff, as described in

- ☐ the specification filed herewith  
☒ application Serial No. 09/461,646 filed December 14, 1999  
☐ Patent No. \_\_\_\_\_, issued \_\_\_\_\_

I authorize and request insertion of the serial number of the application when officially known.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. §1.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37 C.F.R. §1.9(e).

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 C.F.R. §1.27).

Full Name \_\_\_\_\_

Address \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization.

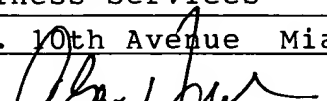
Full Name \_\_\_\_\_

Address \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Alan Fish  
TITLE IN ORGANIZATION V.P. Business Services  
ADDRESS OF PERSON SIGNING 1600 N.W. 10th Avenue Miami, FL 33136  
SIGNATURE  DATE 1/19/00